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**Children’s and Youth Ministry Registration and Consent Form**

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| **Registration form**We need to gather some details about your child and family. This collection of data helps us to look after your child well when they are with us, as well as understand any needs they may have. This collection of data also helps us to understand the consent you are giving around the things such as taking photographs and the use of Social Media. The information we gather will be stored in accordance with GDPR and paper copies will remain in a file in a locked space and used when needed on days when your child is with us. Access will be limited to those within the Youth/Children’s ministry team.  |
| Child’s name: | Known as: |
| Date of birth: | Gender: |
| Name of parent(s) with whom the child lives: |
| Parent/CarerDo you have parental responsibility for this child, are you a named parent on Birth Certificate? **Yes/No** *(please delete as appropriate)* | Parent/Carer Do you have parental responsibility for this child, are you a named parent on Birth Certificate? **Yes/No** *(please delete as appropriate)* |
| Address of parent/carer with whom the child lives: |
| Home telephone number:Work telephone number: | Mobile telephone numbersParent/Carers Name:Parent/Carers Number:Relation to Child:Parent/Carers Name:Parent/Carers Number:Relation to Child: |
| Email addressWould you prefer to receive newsletters and information via email? **Yes/No** *(please delete as appropriate)**If YES please sign here to consent to us contacting you for the purposes above ………………………………………………………………….* |
| Does Your Child Have any Allergies? Please list these below alongside any own reactions and prevention. |

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| Emergency Contact Details*Please provide the names and contact details of 2 people (other than parents/guardians) who we can contact in case of an emergency.***NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.** |
| Emergency Contact 1NameHome telephone noMobile telephone noRelationship to child | Emergency Contact 2NameHome telephone noMobile telephone noRelationship to child |
| Security Details |

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| Health Information:  |
| Does your child suffer from any of the following *(please tick those which apply)* |
| Asthma |  | Epilepsy |  |
| Heart Condition |  | Kidney/Bladder problems |  |
| Diabetes |  | Bee Sting Allergy |  |
| Sight Impairment |  | Deafness |  |
| Wears Glasses |  | Other |  |
| If you have ticked any of the boxes above please give details here: |
| Does your child require medication, either long term for existing conditions or lifesaving drugs such as Ventolin? *(Please give details of the medication and dosage)*  |
| Does your child have any special dietary needs or preferences? **Yes/No** *(Please delete as applicable)*If yes please give details below |

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| Special Educational Needs and Disabilities |
| Does your child have any special needs or disabilities? **Yes/No** *(Please delete as applicable)*If yes please give details below |
| What (if any) special support will your child require whilst with us? |

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| Permissions and Consent |
| Permission for the setting to act in loco parentis |
| If emergency treatment is required, either whilst your child is on the premises or on an outing, (for the duration of your child’s time with us) and the parents or legal guardians cannot be reached immediately, your signature in the space provided below empowers the settings management to exercise their own judgement in calling the doctor/dentist indicated above or to transport the child to a hospital casualty department by ambulance. Please read and fill in the declaration below, cross out the statement/wording that does not apply, and sign and date this section. |
| I / We parent(s)/guardian(s) of do / do not give consent on my / our behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.I / We do not agree to this statement and indicate our wishes as followsSignatures of parent(s)Date |
| Permission to administer Paracetamol: In the instance of my child having an extremely high temperature and I am not contactable I hereby give permission for my child to be administered Paracetamol by a Senior Member of Nursery StaffYes No Please tick box |
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| Permission for the application of sun cream: Please read the statements below and strike through the statement that **does not** apply  |
| I / We parent(s)/guardian(s) of give consent on my behalf for New Life staff to apply high factor children’s sun cream to my child. **Not supplied by me**.ORI / We parent(s)/guardian(s) of do not agree to the above statement and I / We will supply our own sun cream, clearly labelled with my child (rens) name.Signatures of parent (s)Date |
| Please tick the statements below if you consent to the following: |
|  | I consent to my child participating in Youth Outings and Children’s church activities that may not be within the Church building/ Family Centre building |
|  | I consent for my child to have their face painted as part of activities on fun days. |
|  | I consent for Staff to speak to relevant professionals in regards to my child in the event of a medical emergency.  |
|  | I consent to my child having their photograph taken for use  |
|  | I consent to my child having their photograph taken to be used for publicity purposes – website, flyers. |
|  | I consent to my child’s photograph being used on the settings social media sites – Facebook page New life Youth  |
|  | I consent to my child’s artwork (with their Name) being displayed on Youth Boards in the Family Centre. |
|  | I consent to my child’s photograph being used in Children’s church and Youth Group alongside other children and displayed in the Youth Room, Social Media. |
|  | I consent to my child being videoed on a Good News Sunday at church if they have prepared a drama performance. This live streams on U – Tube. And is also available on the Church Facebook page. |
| Please sign below to confirm your consent for the indicated statements above:Signature of Parent(s)/Guardian: |

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| SPECIAL NOTE: Please notify us immediately of any changes to the information provided. Please feel free to come and discuss any problems or concerns with us. If there are any other notes you would like to add, please use the space below. |
| I / We confirm that the information provided on this form is correct to the best of our knowledge.Signature of Parent (s)/Carer (s)Date |